VEHICLE INSPECTION REPORT
LIQUID WASTE PUMPING AND HAULING
Public Health - Seattle & King County

Name of pumping firm: _____

Public Health Registration No. KC _____

Other Registration Numbers as Applicable (e.g. outside King County) _____

Address _____ City _____ Zip Code _____
Telephone _____
Address where vehicle(s) is/are stored _____
Name of Business owner/operator: _____
Name of pumper or representative present during inspection (please print) _____

COLLECTION VEHICLES:

	Make and Model	License Number	Wastewater Treatment Division # (if applicable)	Capacity in Gallons	Construction of Tank	Type of Sludge Release Outlet
1						
2						
3						
4						
5						

Are any trucks used only for storage or transport to disposal site? ☐ Yes ☐ No

If "yes":
1. Describe how and where sludge transfer from pumper truck to this truck is done.
2. Describe precautions taken to minimize and contain spills.
3. Provide license number of truck.

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Company Name

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To be completed by DNR or Public Health Authority

EQUIPMENT INSPECTION: **S = satisfactory U = unsatisfactory**

Equipment	Condition Inspected	Vehicles 1	2	3	4	5	Remarks: Complete if any item is marked "unsatisfactory" in columns at left
General Cleanliness	All equipment maintained and cleaned of spillage						
Tank Container	Leak proof, no dents or corrosion						
Tank Cover	Tight fitting, spill proof						
Release Valve and Hose	Valve, hose, fittings good, no leaks						
Sewage Suction Hose	Sound condition, drained after each use, sanitary storage						
Spill Cleanup Equipment	Water hose, disinfectant, hand sanitizer, 5 gal. of absorbent*, 5 gal. bucket, broom & shovel						
Overfill Protection	Positive check valve present or contents level gauge						
Level Indicator	Recommended, but not required if check valve used						
Pump	Type, condition (able to handle septage without intake strainer)						
KC Registration Number	Proper size and contrasting color to vehicle color						
Annual Wastewater Vehicle Tab	Located near KC Registration Number						
Company Name	Legible on both sides of truck						

*Absorbent not required for trucks equipped with vacuum capable features

Additional remarks and/or concerns: _____

_____

_____

_____

Satisfactory ☐ Unsatisfactory ☐

Date_____ Inspected by _____ _____
(print name) (Signature)

☐ Health and Environmental Investigator